

**STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT
U.I. TAX ADMINISTRATION
P.O. Box 9046
OLYMPIA, WA 98507-9046**

**VOLUNTARY ELECTION TO EXTEND THE COVERAGE OF THE WASHINGTON
EMPLOYMENT SECURITY ACT**

Please complete and return this form to the Washington Employment Security Department, UI Tax Administration, P.O. Box 9046, Olympia, Washington 98507-9046. This agreement to elect coverage becomes binding upon the approval by the agency. If the agreement is approved, a copy will be returned to you signed by an authorized representative. If your application cannot be approved, you will be notified of the reason. **The Washington Administrative Code (WAC) lists reasons why voluntary coverage may not be approved and why it may be cancelled after it is approved (see reverse).**

Please answer completely each of the following questions:

1. Business name _____
2. Mailing address _____
3. If you are already an employer subject under the Washington Employment Security Act, please indicate your Empl. Sec. Reference No. _____, and/or your Unified Business Identifier No. _____
4. Provide below the type(s) of non-covered employment in which you presently employ workers whom you wish to cover, the location of the establishment(s) where the work is performed, and the number of all workers in employment in each such establishment.

Type(s) of Employment to be Covered (Check one and/or specify)	No. Employed
Corporate Officers <input type="checkbox"/> _____	_____
All Individuals <input type="checkbox"/> _____	_____
Distinct Class of Individuals <input type="checkbox"/> _____	_____
Other (specify) _____	_____

5. If you represent a corporation, please complete all current corporate officers data requested on the reverse side of this form.
NOTE: For voluntary coverage, the law requires that all corporate officers be covered as a group.
6. The undersigned, an employer or prospective employer under the Washington Employment Security Act, pursuant to the terms and provisions of RCW 50.24.160, does hereby voluntarily elect to extend the application of the law to workers in noncovered employment, and requests written approval of such election by the Employment Security Department of Washington, to be effective as of:

_____, _____.

 (Signature of Authorized Representative)

 (Title)

 (Business Phone)
 _____, _____
 (Date of Application)

7. This application MUST be signed by someone authorized to bind the employer.
 Voluntary Coverage is effective until terminated by the employer or cancelled by the agency. Coverage must remain in effect for a MINIMUM OF TWO CALENDAR YEARS. A request for termination by the employer must be in writing and postmarked by January 15, immediately following the end of the last year of desired coverage. **In the event that your taxes become delinquent, the agency reserves the right to cancel your Voluntary Coverage.**

Approved by the Commissioner of Washington Employment Security Department to become effective from

_____, _____.

 (Date of Approval)

 Authorized Representative of the Commissioner

(OVER)

PLEASE LIST ALL CURRENT OFFICERS DATA BELOW

NAME OF CORPORATE OFFICERS	A	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	
	B	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	
	C	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	
	D	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	
	E	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	
	F	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE	EFFECTIVE DATE*			RESIDENCE PHONE	

* DATE OF APPOINTMENT AS CORPORATE OFFICER (MONTH & YEAR ONLY)

WAC 192-300-170 Requirements for election of unemployment insurance coverage.

- (5) The department reserves the right to disapprove an election of unemployment insurance coverage due to:
 - (a) The applicant being non-liable for federal unemployment taxes (FUTA); or
 - (b) the seasonal nature of the occupation or industry.
- (6) The department reserves the right to cancel unemployment insurance coverage for a voluntary election employer because:
 - (a) of nonpayment of unemployment insurance taxes, and/or failure to file an unemployment insurance tax/wage report; or
 - (b) of misrepresentation of facts; or
 - (c) coverage is not used for involuntary unemployment as outlined in RCW 50.01.010.